

**State Fiscal Year 2017**  
**New Jersey Department of Environmental Protection**  
**Office of Quality Assurance**

**APPLICATION FOR CERTIFICATION OF ENVIRONMENTAL MEASUREMENTS**

***Part I***  
**Administrative Information**

1. Check one box for the type of application request:  
☐ Initial  
☐ Modification    New Jersey ID# \_\_\_\_\_  
☐ Renewal            New Jersey ID# \_\_\_\_\_
  
2. Check the applicable box for the type of application request:  
☐ State-Environmental Laboratory Certification Program (ELCP)  
  
☐ National Environmental Laboratory Accreditation Program (NELAP)  
☐ Primary Accreditation  
☐ Secondary Accreditation (If checked, name the Primary Accreditation Body and submit the Primary State's Certificate and Scope of Accreditation Analyte List with this package-Code the ACPL or Part III appropriately- refer to the instructions)  
  
\_\_\_\_\_
  
3. Name of Laboratory or Facility (As it should appear on the Certificate- **maximum of 45 characters including spaces**):  
\_\_\_\_\_
  
4. Mailing Address: \_\_\_\_\_  
  
City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
  
Telephone #: (\_\_\_\_\_) \_\_\_\_\_  
Facsimile #: (\_\_\_\_\_) \_\_\_\_\_
  
5. Physical address of laboratory (if different from above):  
\_\_\_\_\_  
  
City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_
  
6. Name of Contact Person : \_\_\_\_\_  
Phone # / Cell Phone #: (\_\_\_\_\_) \_\_\_\_\_ / (\_\_\_\_\_) \_\_\_\_\_  
E-mail address: \_\_\_\_\_
  
7. Days and Hours of Operation: \_\_\_\_\_
  
8. Name of Responsible Entity: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

9. Check the applicable code below that applies to your laboratory, environmental firm or company:

<u>SIC Code</u>	<u>Description</u>	<u>SIC Code</u>	<u>Description</u>
___3900	Miscellaneous Manufacturing Industry	___8734	Testing Laboratories
___4940	Water Supply (Drinking Water)	___9199	Federal Government including Military
___4952	Sewerage Systems	___9431	Administration of Public Health Programs
___8060	Hospital or Health-Care Facility	___9511	Air & Water Resources & Solid Waste Mgt
___8220	Colleges and Universities	___9994	Mobile Lab - VIN of Mobil Unit(s)_____
___8711	Engineering Services	_____	Other (include SIC and/or NAICS code)

10. Check the applicable box that applies to your laboratory, environmental firm or company:

☐ Commercial - willing to perform work for the general public.

☐ Non-Commercial - not willing to perform work for the general public.

11. CERTIFICATION BY APPLICANT

The applicant understands and acknowledges that the laboratory is required to be continually in compliance with the New Jersey Department of Environmental Protection's rules, N.J.A.C. 7:18 Regulations Governing the Certification of Laboratories and Environmental Measurements and NELAC Standards where applicable and is subjected to the enforcement and penalty provisions provided therein.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant civil and criminal penalties, including the possibility of a fine or imprisonment or both, for submitting false, inaccurate, or incomplete information. (N.J.A.C. 7:18-1.9)

\_\_\_\_\_  
Print Name of Laboratory or Facility (Legal Name)

\_\_\_\_\_  
Certification ID# (if issued)

\_\_\_\_\_  
Signature of Applicant (reference N.J.A.C. 7:18-1.9(b))    Date

\_\_\_\_\_  
Print Name of Applicant

\_\_\_\_\_  
Signature of Quality Assurance Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Quality Assurance Officer

**IMPORTANT** - Review your package for the required documents and mail to the proper address:

- \_\_\_ Part I                      Mail to address below - See instructions
- \_\_\_ Part II                     Mail to address below - See instructions
- \_\_\_ Part III                    Mail to address below - See instructions
- \_\_\_ ACPL                      Mail to address below - See instructions
- \_\_\_ LPL                        Mail to address below - See instructions
- \_\_\_ Fee                        Renewal Fee: Mail to NJ Dept of Treasury (include bottom portion of the invoice)
- Initial or Modification Fee: Mail to address below

Send your completed application with the necessary supporting documentation to the following address:

New Jersey Department of Environmental Protection  
Office of Quality Assurance  
401 East State Street , P.O. Box 420, Mail Code 401-02D  
Trenton, NJ 08625-0420

Inquires: Phone (609) 292-3950